

The Joy of Learning Montessori School  
Box 889  
Harpers Ferry, WV 25425  
(304) 582-6729

Sibling Visiting Permission Slip

I, \_\_\_\_\_, give my child,  
\_\_\_\_\_ permission to visit The Joy of Learning  
Montessori School on \_\_\_\_\_. I release JLMS from any  
liability pertaining to my visiting child. I am aware and understand that JLMS does not  
hold insurance to cover visiting siblings.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_